REQUEST, AUT								us or Proce			DKE		mendmen	
 A. Agency code and subelement submitting office number 			B. Standard document number (Org identifier, FY, DOC. Type			Neque			ss Couc				XIIICHGIIICI	11 140.
(xx-xx-xxxx)			le/Serial number)			(1)	Initial		(2) Resubmission		n			
NV-00-2179		0000,00	······································			-	(3) Correction			(4) Cancellation		-		
			Castion	A – TRAIN	TCTC/A	DDI 17	A NIT	INDODM	ATION					
1. Name (Last, First, Middle In	vitial)		2. 1 st 5 letter			3 Soc	ial Se	curity Num	her	4. Ed. Level	5 Co	ntinuous F	ederal Svo	·
1. Name (East, Prist, Windle II.	iiliai)		2.1 5 101015 01 1450 14611			J. 500	/IUI 50	curry rium	loca	4. Ed. Ector	a. Ye		b. Mor	
									l		u. 10		0. 1.10	.,,,,,,
6. Home Address (Street, City,	State and	Zip)	7. Phone Nu	imbers (Incl	ude ar	rea code	e)	8. Positio	n Title					
o. Home radiess (Street, City,	Diate and	. Д.р)	a. Home	***************************************			-,	0.100						
			b. Office					9. Positio	n I evel	(X one)	10 P	ay Plan/Se	ries/Grade	/Sten
				.,				J. 1 051110				k/Mos//or		
11. Organization Name			(1) Commer						a. Exe					6
			(2) Fax Nun	nber					b. Ma	nager				
12. Organization Mailing Addr	ress (Inclu	de Zip)	13. Organiz	ation UIC 3	9721				c. Sup	ervisory		ypc of		prior non-
			16. Are you		Γ		Yes		d. Not	n-Supervisory	Appo	intment	governi	
			handicapped								L		training	days
			disabled? (X			'	No		e. Otn	er (Specify)				
			S	ection B – T	ΓRAI	NING	COU	RSE DATA	1					
17. Course Title														
18. Training Objectives (Benef	fits to be d	lerived by	y the Governm	nent)				19. Rec	ommen	ded Training So	ource, S	chool or F	acility	
								a. Name	€					
								b. Maili	ng Add	ress (Include Zi	p)			
20 G								- T	Can aft	raining site (if o	thou the	on 10h)		
20. Course Codes a. Purpose	f Secu	rity Clea	rance	k. Training	Prog	ram		- c. Locai	non or t	raming site (ii c	other th	all 190)		
a. ruipose	1. 3000	iiity Cica	i ance	K. Hanning	, i iog	,14111								
b. Type	g. Allo	cation S	tatus	1. Reason f	or Sel	lection		21. Cou	rse hou	rs (4 digits)	22. C	ourse Iden	tifiers	
c. Source	h. Prior	rity		23. Trainin		iod		a. Duty			a. SAID			
1 0	: Tasia	in a Face	-1	(YYMMD	D) T			h Non	A.,	-	h Co	talog/Cour	vo No	
d. Special Interest e. Training Vendor		ning Leve nod of Tr		a. Start b. Complet	-			b. Non-				fering/TLN		
c. Hanning Vendor	j. Mcui	iod of 11	ag	o. Compres				0. 1017	L		0.01	ioinig i Li	`	
	Section C	C – COS	T INFORMA	TION (cost	s incu	irred a	nd bil	led are no	t to exce	eed amount in	item 30))		
24. If training does not involve	expenditu	ares of fu	inds other than	salary, pay	or cor	mpensa	tion, s	kip the ren	nainder	of questions in	Section	C and X t	his box -	>
25. Direct Costs			Indirect Costs	(For Inform	ation	only)	27	Accounting	Classif	ication				
a. Tuition Costs			ravel Cost											
b. Books, material, other costs	_		er diem/other											
c. Total direct costs			otal indirect co	osts			20.1	0:	CE:I	O65 (E-11	. 11		20 Total	l of Direct
d. Funding source 31. Job Order No.		28.	Labor Costs	proce				i Fiscai	Officer (Follow	/ iocai		& Indire		
31. Job Order No.							proc	cdurc)					oc mane	ÇI ÇOSIS
			Section D - A	APPROVAL	L/CO	NCUR	REN	CE/CERTI	FICAT	ION				
32. Supervisor: I certify trainin	g is job re	lated and	l nominee mee	ets prerequis	ites.		33. Tı	aining Offi	icer: I ce	ertify this traini	ng meet	ts regulato	ry requires	nents.
(If not, attach waiver.)														
a. Typed Name (Last, First, Mi	iddle Initia	al) b. I	Phone number	(include are	a code	e)	а. Тур	oed Name (Last, Fi	rst, Middle Initi	ial) b	. Phone N	umber (are	ea code)
Ciarata e Tiala				d. Date			a Cia	nature & Tr	i+la				d. I)nto
c. Signature & Title				d. Date			c. sig	nature & 1	itic				u. L	alc
							Caree	r Manager						
34. Authorizing Official				A			35. C	ourse Accep	ptance (To be complete	d by sc	hool offici	al)	
a. Action (X one) →	(1)) Approv	ed	(2) Disa	pprov	red	a	Accepted		c. School Off	icial Si	gnature	d. D	ate
b. Typed Name (Last, First, Mi			Phone number			_	ь	Not Accer	oted			="		
			(717) 60			'								
0.00										To be complete	d by sc			T . C1.
d. Signature & Title				e. Date						pleted, X this ank, and return		b. Actua	ion Date	c. Grade
Director, NCAWPD										ation memo.		(YYMM		
Z. COLON, I. COLON I.												(, ,	
37. Billing Instructions (Identif	y discount	t terms	%	days	s)		d. Sig	nature & T	itle		•			e. Date
Furnish original invoice and 3	copies to:													
Dept of Navy						-	20.0	.'() ()		0.00 1.1				L
NCAWPD 5450 Carlisle Pike							38. C	ertifying Go	overnme	nt Official				
Mechanicsburg, PA 17050						-	a.	Legrify the	t this ac	count is correc	t and			
								•		in the amount			\$	
						Г		nature					c. Date	Signed
						1								
							d. DS	SN Numbe	г	e. Check Nu	ımber		f. Vouc	ner Number
Training Facility: Invoice shou	141	4441	21 - 1 - 1 - 1 · · · · · · · · · · · · ·	in insur 27	D1	F		Ann A			T	ton cf-		
TESTINING ESCIPTO: INVOICE CHOIC	ul ne cent	in the of	LICE INDICATED	ur riem 4/	F16966	- TPTP# 1					-m H 91			

REQUE	SI, AUTHORIZ	AHON, A	AGREEMENT, CE	RIFICA	HON O	F IRAII	NING A	ND KEII	<u> VIBURS</u>	<u> EIVIEN</u>	
 Agency code and subelem office number (xx-xx-xxxx) 	nent, and submitting	B. Standard (Org ident	document number tifier/FY/Doc./type code/Ser	rial Number)	C. R	Request Stati	us or Process			D. Amer	ndment No.
·	•		<i>31</i>	,		(1) Initial		(2) Resubr	nission	-	
						(3) Correc	ction	(4) Cancel	lation		
Name (Last First Middle	Initial)	Se	ection A - TRAINEE /		IT INFOR	MATION		4 54	Javal	E Comti	nuous Federal S
. Name (Last, First, Middle	initial)		2. 1st 5 letters of last na	ame				4. Ea	. level	a. Years	b. Month
. Home Address (Street, Cit	ty State and 7ID Code) (antional)			0 D	osition Title					
. Home Address (Street, Ch	ly, State and Zir Code) (t	рионан	7. Phone Numbers (Include	de area code)	0. F	osition Title					
			a. Home b. Office		0.0	lacition I aval	(V anal	10 D	ou Dlan / Ca	wise / Cre	do / Cton
Organization Name			(1) Commercial		9. P	osition Level		10. P	ay Plan / S e Rank/MOS/A	AFSC/or N	ae i Step 'avy Designator)
··· •·· 9 -···			(2) Autovon			a. Executive b. Manager					
2. Organization Mailing Add	dress (Include ZIP)		13. Organization UIC			c. Super		14. T	ype of	15. No.	Prior non-govern
· ·			16. Are you handicappe	d \	/es		Supervisory	Appo	intment	ment	t training days
			or disabled? (X one)		No	-	(Specify)				
-			Section B - TRA				(-1 3)				
7. Course Title											
3. Training Objectives (Bene	efits to be derived by the	Government)			19.	Recommend	ed Training	Source, Sch	ool or Facili	ty	
					a. N	lame				-	
					b. N	Mailing addre	ss (Include Z	TIP)			
O. Course Codes					c. Le	ocation of tra	aining site (/	f other than	1 19b)		
Purpose	f. Security Clearar	nce	k. Training Program								
Туре	g. Allocation Statu	s	Reason for Select	ion	21.	Course hour	s (4 digits)	22. Cours	se Identifiers		
Source	h. Priority		23. Training Period (Y	YMMDD)	a. Du		(a. SAID			
Special Interest	i. Training Level		a. Start		b. No	on-duty		b. Catalog	/ Course No	0.	
Training Vendor	j. Method of Train	ing	b. Complete		c. TO	OTAL		c. Offering	j / TLN		
<u> </u>	Section	C - COST I	NFORMATION (Costs	incurred and	billed are no	ot to exceed	amount in it	em 30.)			
4. If training does not involve			,								→
5. Direct Costs	2	26. Indirect Co	sts (For information only)	27. A	Accounting (Classification					
. Tuition cost	a	. Travel cost									
. Books, material, other cost	ts k	. Per diem/othe	er costs								
. Total direct costs	C	. Total indirect	costs								
. Funding source		28. Labor Costs	<u> </u>	29. S	ignature of	Fiscal Office	r (Follow loa	al procedure	e)		al of Direct &
1. Job Order No.										Indii	rect Costs
>		Section	n D - APPROVAL / C	ONCURRE	NCE / CE	RTIFICAT	ION			Ш	
2. Supervisor: I certify traini (If not, attach waiver.)	ing is job related and non	ninee meets pre	requisites.	33. T	raining Offic	cer: I certify	this training	meets regu	ulatory requi	irements.	
. Typed Name (Last, First, M			number (Include area code)	а. Ту	ped Name (Last, First, Λ	Aiddle Initial)		b. Phone	number i	(Include area co
. Signature & Title			d. Date	c. Się	gnature & T	Γitle			1		d. Date
4. Authorizing Official				35. C	Course Acce	ptance (To b	e completed	by school	official)		
. Action (X one)	(1) Ap	proved	(2) Disapproved		a. Accept	ted c.	School Off	icial Signatu	ıre		d. Date
. Typed Name (Last, First, I	Middle Initial)	c. Phone r	number (Include area code)		b. Not Ad	ccepted					
				36. C	Course Com	pletion (To b	e completed	by school c	official)		
. Signature & Title			e. Date			not complete		ζ,	b. Actual Co	ompletion	c. Grade
						ion blank, an xplanation m			Date (YY	MMDD)	
7. Billing Instructions (Identi		%	days.)	d. Sig	nature & Ti	itle		'			e. Date
Furnish original invoice a	ina 3 copies to:										
				38. C	Certifying Go	overnment O	fficial				*
						is account is			\$		
						nent in the a	πουπτ ότ:		Ф		
				b. Się	gnature		_			c. Date	Signed
				d. DS	SSN Number	e.	Check Nur	nber		f. Vouch	ner Number
FRAINING FACILITY: Invoice	should be sent to office	indicated in iter	m 37. Please refer to stand	lard document	number giv	en in item B	at top of pa	ge to assure	e prompt pa	vment.	

RE	QUEST,	AUTHORI	ZATION, A	GREEMENT, CER	ΓIFIC	CATIO	N OF	TRAII	VING A	ID REIMBL	JRSEM	ENT		
A. Agency code and s	subelement, a		B. Standard d	document number tifier/FY/Doc./type code/Serial Number)						Code (X one)		D. Amendment		١,
office number (xx	XX-XXXX)		(Org laenti	itier/FY/Doc./type code/Serial	Doc./type code/serial Number)		(1) Initial (2		(2) Resubmission	n				
								(3) Corre	ction	(4) Cancellation				
			Se	ction A - TRAINEE / Al	PPLIC	ANT IN	FORM	ATION			•			•
1. Name (Last, First,	Middle Initial)			2. 1st 5 letters of last name	!	3. Socia	Security	Number		4. Ed. level		Continuou 'ears		eral Svc Months
											a. 1	cais	D. 10	//0111113
6. Home Address (Str	reet, City, Sta	ate and ZIP Code)	(optional)	7. Phone Numbers (Include a	area co	ide)	8. Posit	tion Title						
				a. Home										
				b. Office			9. Position Level (X one) 10. Pay Plan			n / Series	/ Series / Grade / Step OS/AFSC/or Navy Designator)			
11. Organization Nam	ne			(1) Commercial				a. Execu	utive	(Kankivios/Al solol Navy Desi			Design	iatory
				(2) Autovon				b. Mana	iger					
12. Organization Mail	ling Address ((Include ZIP)		13. Organization UIC				c. Super	upervisory 14. Type of Appointment		f 15. nt	No. Prior ment tra		
				16. Are you handicapped or disabled? (X one)		Yes		d. Non-	Supervisory					
				or disabled. (A one)		No		e. Other	(Specify)					
<u> </u>				Section B - TRAINI	NG C	OURSE	DATA							
17. Course Title														
18. Training Objective	es (Benefits to	o be derived by th	ne Government)				19. Red	commend	led Training S	Source, School or	Facility			
							a. Nam	е						
							b. Maili	ing addre	ss (Include Z	IP)				
20. Course Codes							c. Loca	tion of tr	aining site <i>(li</i>	other than 19b)				
a. Purpose		f. Security Clear	ance	k. Training Program			-							
b. Type		g. Allocation Sta	tus	I. Reason for Selection			21. Co	urse hour	s (4 digits)	22. Course Iden	ntifiers			
c. Source		h. Priority		23. Training Period (YYM	IMDD)		a. Duty		a. SAID					
d. Special Interest		i. Training Level		a. Start			b. Non-o	duty		b. Catalog / Cou	ırse No.			
e. Training Vendor	Fraining Vendor J. Method of Training b. Complete c. TOTAL c. Offering / TLN				N									
				Section H - E	VAL	UATION	l							•
				Part I (To be con	nplete	ed by tra	ainee)							
48. Was course com	pleted? (X on	re)	49. Actual cour	rse dates	5	0. Actua	course h	nours		51. Academi	ic grade/sc	ore		
a. Yes			a. Commenced (YYMMDD)	b. Completed (YYMMDD)	а	. Duty	b. Non-duty							
	urn this form		(TTWINDD)	(TTWINDD)										
expla	aining circums	stances)												
52. Were all sessions	s attended? ()	X one)												
a. Yes														
b. No (Explai	in)													
				AREAS OF EVALUATION								RA	TING	
	х ар	propriate column	to indicate your e	evaluation of items 53 through	64. L	o not atte	empt to s _i	рит а гаті.	ng.					
											А		В	С
53. Stated objective		<u> </u>	A = \		B = Pa				= No					
54. Coverage of subj				Excellent		ufficient			= Poor					
55. Organization of s				Well Organized		dequate			= Poorly org	janized				
56. Suitability of inst		erials		Excellent		dequate			= Poor					
57. Level of difficulty				Foo advanced		ppropriate			= Too eleme	entary				
58. Length of course				Foo long		ppropriate			= Too short					
59. Amount of outsid		work		Foo much		ppropriate	!		= Insufficier	nt				
60. Effectiveness of				Excellent	B = G				= Poor					
61. Applicability of si	ubject matter	to the job		Significant		dequate			= Insignifica	nt				
62. Facilities		_		Excellent	B = G		d - d		= Poor					
63. Recommendation				Highly Recommended		ecommen	aea		= Not recon					
64. Meet career deve	eiopment plan	S	A =	res	B = N	0		С	 Not applic 	aple	1	- 1		1

PRIVACY ACT STATEMENT The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). AUTHORITY: PURPOSE AND USE: The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File. DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. **SECTION E - TRAINEE AGREEMENT / CERTIFICATION** 38. AGREEMENT TO CONTINUE IN SERVICE This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.) If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law. I acknowledge that this agreement does not in any way commit the Government to continue my employment. (1) From (Enter date (YYMMDD)) (2) To (Enter date (YYMMDD)) Period of obligated service: 39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance. b. DATE SIGNED TRAINEE SIGNATURE

INSTRUCTIONS FOR TRAINING VENDOR

(Copies 3, 4, 5)

- Copy No. 3 VENDOR TRAINING REQUEST OR NOMINATION FORM
- Copy No. 4 This document, when completed, represents the nominating agency's obligation to pay all approved training costs. Amounts are estimated in Section C. Please send all bills to the office indicated in item 37 and refer to number in item B (Standard Document Number) upper right hand corner of form.
- Copy No. 5 Return this copy to the nominating agency indicated in item 44 after completion of items 40 42.

Please contact the Agency Training Officer indicated in item 33 for any additional information.

		BILLING INSTRUC	TIONS		
	Place standard document number (Item B top copies of invoice: identify discount terms, %	o of form) and approp	riation/fund cha	irgeable number (Item 27) on all four	
	copies of invoice: identify discount terms, %	and number of days	on invoice: ma	ii iiivoice to address listed iii block 37.	
	Section F - TRAINING VI	ENDOR		42. Remarks	
40. Nomin	ation status (X one)	41. First training ses	sion		
	lected as nominated	a. Date	b. Time		
	ot selected (See remarks)				
	lected for alternative dates (See remarks)				
	address of trainee (Fold where indicated and in	nsert in window enve	lope.)		
· ·	·		, ,		
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			•		
1			•		
-					

F O L D										
	Optional alternate payment procedures (Fill in appropriate items)									
(1)	ADVANCE METHOD Check in the amount of \$ payable to the training facility/vendor and as appropriate) will be delivered to you for delivery to the training facility/vendor.	covering Section C, Item 25 (insert (a), (b), or (c), r. "OR"								
(2)	Check in the amount of \$ covering Section C, Item 25 (insert (a), (b), or (c), as appropriate) will be issued to you. You will obtain a receipt for each expenditure of these funds. The receipt for the check to the training facility/vendor will show the check number. Other receipts will show the item purchased, the amount paid and the vendor's name and address. As soon as feasible after all purchases have been made, you will prepare and forward to (enter name and address) the signed original and two copies of enclosed Standard Form 1164, cogether with all receipts and a check or money order payable to (enter name and address) for the unexpended balance of these DoD funds, if any.									
h	REIMBURSEMENT METHOD									
6. C. F O L D		e made upon presentation of evidence of paid by you. (4) Telephone numbers (a) Commercial (b) Autovon (5) Date signed (YYMMDD)								
<u>. </u>										
	Nomination status (X one) a. Selected as nominated b. Not selected (See remarks) c. Selected for alternative dates (See remarks) Mailing address of nominating agency (Fold where indicated and insert in window enveloped)	42. Remarks								

		Section G - FINANCE		•						
45.	Payment authorized for	· training								
	Signature		b. Amount to be paid	c. Date						
	3 · · · · -									
			\$							
1.6	Decord of novement									
	Record of payment		h Amount naid	c. Date						
a.	Signature		b. Amount paid	C. Date						
			\$							
			T							
d.	Remarks									
47	Ontional alternate navr	nent procedures (Fill in appropriate items)								
a.	ADVANCE METHOD	ient procedures (i'm in appropriate nems)								
		- που able to the Ancie in a Facility (/ (/	and a and a consist Castian Caltan 20	- (incort (a) (b) ar (a)						
(1)	Check in the amount o as appropriate)	will be delivered to you for delivery to the training fac	endor and covering Section C, Item 25	o (insert (a), (b), or (c),						
(2)		f \$ covering Section C, Item 25 (in								
	-	receipt for each expenditure of these funds. The receipt for								
		receipts will show the item purchased, the amount paid and		soon as feasible after						
	all purchases have bee	n made, you will prepare and forward to <i>(enter name and a</i>								
		the signed original	al and two copies of enclosed Standa	rd Form 1164,						
	together with all receip	ts and a check or money order payable to (enter name and	l address)							
		for the unexpended by	balance of these DoD funds, if any.							
b.	REIMBURSEMENT MET									
	Payment to you for Sec	ction C, item 25 (insert (a), (b), or (c), as appropriate)	_ will be made upon presentation of	evidence of satisfactory						
	completion of the train	ing assignment and receipt for items related to training paid	d by you.							
C.	Action (X one)	d. Authorizing official								
		(1) Typed Name (Last, First, Middle Initial)	(4) Telephone nu	mbers						
	(1) Approved		(a) Commerc	ial						
		(2) Signature								
			(b) Autovon							
	(2) Disapproved	(3) Title	(5) Date signed (YYMMDD)						
	•	1	,							

			Section G - FINANCE			
45.	Payment authorized for	r traiı	ning			
a.	Signature			b. Amou	nt to be paid	c. Date
	-				-	
				\$		
46	Record of payment					
a.	Signature			b. Amou	nt paid	c. Date
u.	Signature			b. 7 tillou	in paid	o. Bute
				\$		
				•		
d.	Remarks					
17	Ontional alternate navr	nant	procedures (Fill in appropriate items)			
a.	ADVANCE METHOD	пепі	procedures (Fill III appropriate items)			
		г ф				5 () () () ()
(1)		†\$	payable to the training facility/vendor will be delivered to you for delivery to the training facility/v	and covering So	ection C, Item 2	5 (insert (a), (b), or (c),
	as appropriate)					
(2)	Check in the amount o	f\$_	covering Section C, Item 25 (insert	(a), (b), or (c), a	as appropriate) _	will be issued to
	you. You will obtain a	rece	pt for each expenditure of these funds. The receipt for the	check to the tr	aining facility/ve	endor will show the
	check number. Other	receij	ots will show the item purchased, the amount paid and the	vendor's name	and address. As	s soon as feasible after
	all purchases have bee	n ma	de, you will prepare and forward to (enter name and addres	ss)		
	'		the signed original and		enclosed Standa	ard Form 1164.
	together with all receip	ıts ar	d a check or money order payable to (enter name and addr	•		,
	togotilo. With all 1000.p		for the unexpended balance		funds if any	
			for the unexpended building	ce of these bob	ranas, ii ariy.	
b.	REIMBURSEMENT MET	ГНОЕ				
	Payment to you for Se	ction	C, item 25 (insert (a), (b), or (c), as appropriate) wi	II he made unon	presentation of	evidence of satisfactory
	completion of the train	ing a	ssignment and receipt for items related to training paid by	ii be made upon /0u.	presentation of	evidence of Satisfactory
C.	Action (X one)		Authorizing official	<u>'</u>		
<u> </u>	7 (21.0)		Typed Name (Last, First, Middle Initial)	(4) Telephone nu	ımbers
	(1) Approved	(.)	Typod Name (2001, 1 mot, Whadio miniar)	(•	
	(1) Approved	(2)	Signature		(a) Commerc	cial
		(2)	Signature		(b) Autovon	
		(0)	TU			0.044400
	(2) Disapproved	(3)	Title	(5) Date signed	(YYMMDD)

AUT	HORITY:		VACY ACT STATEMENT Act of 1958 (USC, Title 5, 4101 to 4118),	EO 9397, November 1943 (SSN).				
PUR	POSE AND USE:	to document the nomination of traine fiscal and administrative information	in the administration of the Federal Training es and completion of training; it also serves about trainees and the programs in which record of participants in training programs	s as the principal repository of personal, they participate. The form becomes a				
DISC	CLOSURE:	Personal information provided on this may result in ineligibility for participat	s form is given on a voluntary basis. Failur ion in training programs.	e to provide this information, however,				
		SECTION E - TRA	AINEE AGREEMENT / CERTIFICATION	<u>ON</u>				
38.	AGREEMENT	TO CONTINUE IN SERVICE						
hou to t of a	rs or less, as p the commencer	prescribed by the agency) and for ment of such training. Nothing c vaive, in whole or in part, an obli	ining that exceeds 80 hours (or su or which the Government approves contained in this section shall be co gation of an employee to pay expen	payment of training costs prior onstrued as limiting the authority				
a.	I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.)							
b.	above, I AGE (EXCLUDING reduced on a	REE to reimburse the DoD for SALARY) paid in connection wit pro rata basis for the percentag \$900 and I complete two-thirds	service before completing the period the tuition and related fees, traveth my training. However, the amouse of completion of the obligated service, I will reim	el, and other special expenses int of the reimbursement will be rvice. (For example, if the cost				
C.	of the Govern Civilian Perso regulations, a	nment before completing the pe nnel Office or Training Office	vice of another Federal agency or or riod of service agreed to in item a advance notice during which time abursement or transfer of the rem	above, I will give my servicing e, in accordance with Federal				
d.	meet the term	3	e due the employing agency as a resithheld from any monies owed me oved by law.	3 .				
e.	I acknowledge	e that this agreement does not in	any way commit the Government	to continue my employment.				
f.	Period of oblig	gated service:	(1) From (Enter date (YYMMDD))	(2) To (Enter date (YYMMDD))				
39.	government a from the auth due to circum	gency or non-government organ orizing training official. I agree	ls, or payments in connection with nization and shall not accept such that should I fail to complete the will reimburse the agency for all t	without first obtaining approval requested training successfully,				
а.	TRAINEE SIGNAT	URE		b. DATE SIGNED				

	Sec	tion H - EVALUATION	- Continued			
		Part II (To be completed by	y trainee)			
65.	Comments on strong points of course					
66.	Comments on weak points of course					
	•					
67.	What were your objectives in taking this course? W	ere they met?				
68.	Do you recommend this program for others? If so, v	whom?				
69.	Additional comments					
70.8	a.Signature of trainee			b. Date sign	ned	
	Part III (To)	be completed by trainee's ir	mmediate supervisor)			-
71	Have you discussed this course and its application to			Yes	No	
		o the job with this employed	e: (X Une)	163	NO	
72.	Were the objectives of the training achieved?					
73.	Additional comments					
74.8	a.Signature of supervisor	b. Date signed	PER	SONNEL USE ONL	.Υ	

DD FORM 1556 - REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training, it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File. PURPOSE AND USE:

Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, DISCLOSURE:

may result in ineligibility for participation in training programs.

GENERAL INSTRUCTIONS

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS. SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT. DATA REQUIRED BY THE OFFICE OF PERSONNEL MANAGEMENT.

COPY DISTRIBUTION

Copy 6: Give finance office to authorize payments. Copy 1: File in the training/personnel folder. Copy 7: Give finance office to authorize any separate Copy 2: For Agency ADP System.

payments for books, material or other costs. Copy 3: Give vendor to nominate employee. Copy 8:

Give employee. Copy 4: Give vendor as the obligation for approved costs. Copy 9: Use to evaluate training. Copy 5: Give vendor to return to confirm nomination Copy 10: Keep at originating office.

COMPLETION INSTRUCTIONS

May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required. Item A -

Item B -Follow DoD component instructions.

status.

04 - High school graduate or

05 - Terminal Occupational

Program (TOP)

06 - TOP Certificate

07 - Started college

08 - 1 year of college

certificate of equivalency

Follow local procedures. Normally X beside "initial." Item C -

If this is an amendment, enter number. Item D -

Section A - TRAINEE / APPLICANT INFORMATION

Item 1 - Fill in trainee's name. If more than one nominee, list on	Item 11 - Enter trainee's organization name.
separate sheet.	Itom 12 Enter traince's organization mailing address

Item 13 - Enter submitting organization's six digit unit **Item 2** - Enter first five letters of trainee's last name identification code (UIC). (See DoD component instructions.)

Item 14 - Enter appropriate code or abbreviation. Item 3 - Enter trainee's Social Security number.

CC - Career Conditional 1 - Regular С Career 2 - Reserve **Item 4** - Enter appropriate code for trainee's educational level. Т - Temporary 3 - National Guard

00 - Not applicable 11 - 3 years of college Excepted I - Intermittent 01 - No formal or some elementary 12 - 4 years of college Item 15 - To be computed and filled in by the nominating

02 - Elementary graduate 13 - Bachelor Degree training office. 03 - Some high school 14 Post Bachelor

Item 16 - Self-explanatory

Section B - TRAINING COURSE DATA

Item 21 - Total hours are determined by multiplying hours

Item 12 - Enter trainee's organization mailing address.

Item 17, 18, and 19 - Self explanatory.

19 - 6th year Degree Item 20 - Course Codes See reverse. Post 6th year

09 - 2 years of college 22 Post Doctorate attended per week by the number of weeks of the course. Duty 10 - Associate Degree and non-duty hours are self-explanatory. Enter one hour or more; round fractions up. Item 5 - Enter years and months of continuous Federal Government

17

20

21

Item 6 - Follow local procedures. Item 22a - Follow DoD component instruction.

Item 7 - Follow local procedures. Item 22b - Enter training source catalog/course ID number.

Item 8 - Self-explanatory Item 22c - Follow local procedures.

15 - 1st Professional

18 - Post Master

16 - Post 1st Professional

- Doctorate Degree

- Master Degree

Item 9 - Self-explanatory. Item 23a & b - Enter in year, month, day sequence the course

Item 10 - Self-explanatory. dates (e.g., June 15, 1977 would be entered as 770615).

DD FORM 1556 INSTRUCTIONS (Continued)

Section B - TRAINING COURSE DATA (Continued)

Item 20 - COURSE CODES - Enter appropriate codes from those listed below.

6 - Develop unavailable skills

9 - Adult basic education

6 - Clerical

7 - Trade or craft

9 - Adult basic education

8 - Orientation

8 - Orientation

7 - Trade or craft apprenticeship

Α-	PU	IRP	O	SI	Ε
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- 1 Mission or program change
- 2 New technology
- 3 New work assignment
- 4 Improve present performance
- 5 Meet future staffing needs

B-TYPE

- 1 Executive and management
- 2 Supervisory
- 3 Legal, medical, scientific or engineering
- 4 Administration and analysis
- 5 Specialty and technical

C - SOURCE

- A US Army
- D Other DoD
- F US Air Force
- M US Marine Corps
- N US Navy
- 5 State or local Government **D - SPECIAL INTEREST**
- 0 No special program 1 Executive Development 2 Supervision
- **E TRAINING VENDOR**

(Follow DoD component instructions.)

F - SECURITY CLEARANCE OF COURSE

- U Unclassified C Confidential S Secret T Top Secret
- **G ALLOCATION STATUS**
- 1- Primary 2 Alternate
- 3 Space Available

S - Defense Logistics Agency

2 - Government-Interagency

4 - Non-Government - off-shelf

3 - Non-Government, designed for agency

Section C - COSTS AND BILLING INFORMATION

- Item 24 X if applicable.
- Item 25a & b Enter dollars and cents.
- Item 25c Sum of items 25a & b. (See Note below)
- Item 25d Follow DoD component instructions.
- Item 26a & b Enter dollars and cents.
- Item 26c Sum of items 26a & b. (See note below)
- Items 27 & 29 For finance office use. Enter only one accounting classification on each DD 1556.
- Items 28 & 31 Follow local procedures.
- Item 30 Sum of items 25c & 26c.
- Note: For a group, totals are for all trainees.

Section D - APPROVALS/CONCURRENCE/ **CERTIFICATION**

- Item 33 To be certified/signed by the official designated CPO Head of Training.
- Item 32 To be certified/signed by supervisor of trainee.
- Item 34 Follow local procedures.
- Item 35 School official complete, sign, date and return copy 5.
- **Item 36** If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.
- Items 37 & 38 Follow local procedures.

H - PRIORITY

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

I - TRAINING LEVEL

- 1 Elementary
 - 3 Vocational/Technical/
- 4 College, undergraduate
- 2 High School Secretarial/Business/
- 5 College, graduate

6 - Directed study

7 - Classroom (resident)

8 - Classroom (on site)

9 - Test/Equivalency

Commercial/Administrative 6 - College, post graduate

J - METHOD OF TRAINING

- 1 On-the-job training (formal)
- 2 Rotation of work assignment
- 3 Seminar (training)
- 4 Conference/meeting/symposium
- 5 Correspondence

K - TRAINING PROGRAM

Follow DoD component instructions

L - REASON FOR SELECTION OF COURSE

- Quality of training
- 2 Most cost effective
- Unique capability of training source
- 4 - Location
- Not available in Government
- Incidental to procurement of equipment
- Timeliness

Section E - TRAINEE AGREEMENT/CERTIFICATION Reverse of Copy 1

The trainee (applicant) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

Item 38f - To be completed by nominating Training Office.

Item 39 - To be signed and dated by employee nominated for nongovernment training

Section F - TRAINING VENDOR Reverse of Copy 3, 4 & 5

Items 40 & 43 - Instructions on reverse of copy 3

Item 44 - Reverse of Copy 5 - Mailing Address Nominating Agency - To be filled in by nominating Training Office.

Section G - FINANCE Reverse of Copies 6 & 7

Items 45, 46, or 47 as appropriate, filled in by the nominating activity Training Office.

Section H - EVALUATION Copy 9

To be completed by trainee and immediate supervisor after training is completed (following agency instructions).